IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OLIFF & BERRIDGE, PLC P.O. Box 19928

Alexandria, Virginia 22320

Telephone: (703) 836-6400 Facsimile: (703) 836-2787

Attorney Docket No.:	119405
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Date: April 13, 2004

MAIL STOP PATENT APPLICATION

Customer Number: 25944 NONPROVISIONAL APPLICATION TRANSMITTAL RULE §1.53(b)

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application

For (Title):

METHOD AND APPARATUS FOR EXAMINING VASCULAR ENDOTHELIAL

FUNCTIONS

By (Inventors): Junichiro HAYANO; Toshihiko OGURA

\boxtimes	Formal drawings (Figs. 1-17; 17 sheets) are attached. Use Figure for front page of Publication.
\square	A Declaration and Power of Attorney is filed herewith.
. Ш	This application claims benefit of Provisional Application No filed
	(A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.)
\boxtimes	This patent application is assigned to <u>COLIN MEDICAL TECHNOLOGY CORPORATION</u> .
<u> </u>	The executed Assignment is filed herewith.
\square	An Information Disclosure Statement is filed herewith.
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	Entitlement to small entity status is hereby asserted.
\Box	A Preliminary Amendment is filed herewith.
	Priority of foreign application(s) No filed in is claimed (35 U.S.C. §119).
	A certified copy of the above corresponding foreign application(s) is filed herewith.
	This application is NOT to be published under 35 U.S.C. 122(b). The undersigned attorney or agent hereby certifies that
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	the invention disclosed in this application has not and will not be the subject of an application filed in another country, or
	under a multilateral international agreement, that requires publication of applications 18 months after filing.
Ø	The filing fee is calculated below:

CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE

FOR:	NO. FILED	NO. EXTRA		
BASIC FEE				
TOTAL CLAIMS	13 - 20	= 0		
INDEP CLAIMS	3 - 3	= 0		
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED				

^{*} If the difference is less than zero, enter "0".

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SMALL ENTITY		
RATE	FEE	
	\$ 385	
x 9=	\$	
x 43 =	\$	
+ 145 =	\$	
TOTAL	\$ 385	
g fee is attached. Except a		

OTHER THAN A SMALL ENTITY

OR
OR
OR
OR
OR

<u>OR</u>

RATE	FEE
	\$ 770
x 18	\$
x 86	\$
+ 290	\$
TOTAL	\$

Check No. 153079 in the amount of \$385 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

James A. Oliff

Registration No. 27,075

Thomas J. Pardini Registration No. 30,411

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